

## REQUIREMENTS FOR LICENSE - HEARING AID DEALERS AND FITTERS

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

### EDUCATION REQUIRED

All applicants are required to **ATTACH** a photocopy of high school diploma or high school transcript or a statement from the Department of Education certifying that the equivalent of a high school education has been completed. In the alternative, **submit** a copy of diploma from an accredited college.

### EXAMINATION AND FILING DEADLINE

All applicants must pass the written examination of the International Hearing Society. **The passing score is 300.**

The examination may be taken on the islands of Oahu, Maui, Kauai and Hawaii. However, neighbor island administration, particularly for Kona, **is not guaranteed**. If you wish to take the exam on a neighbor island, **call the Exam Branch at (808) 586-2711 to confirm that the exam will be offered for the exam date requested.**

A completed application, fee and all supporting documents must be received in the department's office at least sixty days before the date of the examination. Incomplete and/or irregular applications will not be accepted and will delay processing. Further, incomplete and/or irregular applications may cause the applicant to miss the filing deadline.

UNSUCCESSFUL EXAM APPLICANTS AND APPLICANTS WHO DO NOT APPEAR FOR A SCHEDULED EXAM ARE REQUIRED TO APPLY FOR RE-EXAM.

**Postponement or withdrawal from exam:** Written requests must be received by the department before exam preparations are made (*approximately 3 weeks before exam*).

### ENDORSEMENT OF LICENSES IN ANOTHER STATE OR JURISDICTION

A license through endorsement may be granted to applicants who hold **CURRENT** licenses in another state or jurisdiction that are in good standing\*, **provided that the program's requirements, at the time you were licensed in that state, are equivalent or higher than Hawaii's**. Submit a copy of the laws and rules that were in effect at the time you were licensed in the state you are relying upon for endorsement.

**In addition** to the application, fee, and proof of high school graduation or equivalent, **ATTACH** a completed form, "Verification of License – Hearing Aid Dealers & Fitters" (form HDF-05). Complete the "Applicant Section" and send the form to your out-of-state agency. Some states charge a fee for this service. Contact your out-of-state agency for fee information.

\* If disciplinary action has been taken or is pending, provide documentation explaining the circumstances leading to the action, the action itself and the outcome.

### APPLICATION FORM

Complete the **attached** application form. Print **LEGIBLY** in black ink and sign the application.

**Failure to provide all the requested information will delay the processing of your application.**

### FEES

**Exam Applicants** - Remit 2 payments:

1. A Postal Money Order made payable to "IIHIS" .....\$95.00

If you do not submit a Postal Money Order for the appropriate amount, your payment will be returned to you and you will not be able to sit for the examination.

2. A check or money order made payable to "Commerce and Consumer Affairs" for:  
Application Fee (non-refundable).....\$30.00

**Endorsement Applicants** - Remit a money order or check made payable to "Commerce & Consumer Affairs".

1. Application fee \$30 (nonrefundable) **AND**

2. If license will be issued in:

EVEN-numbered year - \$190 (*license-\$30, CRF-\$110, 1/2 renewal-\$50*)

ODD-numbered year - \$85 (*license-\$30, CRF-\$55*)

(CONTINUED ON BACK)

**FEES**  
(Continued)

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**ISSUANCE OF  
LICENSE**

If you are a candidate for license by examination, upon passing the exam, license fees will be due and you will be notified at that time.

**MAIL  
APPLICATION TO**

Mail application, fee and supporting documents to:

Deliver to office location at:

*Hearing Aid Dealers and Fitters  
DCCA, PVL Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801*

**or**

*335 Merchant St., Room 301  
Honolulu, HI 96813*

*Phone: (808) 586-3000*

**LAWS AND RULES  
PUBLICATION**

A copy of the Hearing Aid Dealers and Fitters laws, Chapter 451J, HRS, and rules Chapter 83, HAR may be obtained by submitting a written request to: DCCA, Commerce & Consumer Affairs, P. O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 451J and Chapter 83.

The laws and rules are also posted free of charge on our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on Hearing Aid Dealers and Fitters.

**APPLICANTS WITH  
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**MAINTAINING  
YOUR LICENSE**

All licenses are subject to renewal on or before December 31 of each odd-numbered year regardless of license issuance date. Licenses are subject to renewal on or before the license expiration date. Inform the department of any changes within thirty days of the change.

**ABANDONMENT OF  
APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents and other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR LICENSE - HEARING AID DEALERS AND FITTERS

Read instructions on the attached sheet before completing this form.

Name (First, Middle)		(LAST)
Residence Address (Include Apt. No., City, State and Zip Code)		
Mailing Address (ONLY If different from residence)		
Social Security No.	Phone No.	
Other Names Used		
Method of Licensure:	Exam Location (circle one)	
[ ] Exam	Oahu Maui Kauai	
[ ] Endorsement	Hilo Kona	
Call Exam Branch at (808) 586-2711 to confirm availability		

FOR DEPARTMENT USE ONLY

APPROVED	DENIED	Initials/Date:
License No.	Effective Date	
HA -		
Month/year of Exam applying for:		
JULY _____		
DECEMBER _____		

Circle or underline answers, explain when needed:

- Are you at least 18 years of age? YES NO
  - Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
  - Do you have a high school diploma or the equivalent of a high school education? YES NO
  - If "yes," is verification attached? YES NO
  - Have you ever applied for the Hearing Aid exam in Hawaii before? YES NO
  - If "yes," give MONTH & YEAR \_\_\_\_\_
  - Do you hold or have you ever held a license in Hawaii or in another jurisdiction? YES NO
    - Has any license/certificate/registration ever been suspended, revoked, or otherwise subject to disciplinary action? YES NO
    - Are there any disciplinary actions pending against you? YES NO
  - In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
- If response "yes," attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.

LICENSES IN ANOTHER STATE OR JURISDICTION	Name of State(s)	License Number	Date Issued	Indicate method of licensure (written and practical exam, no exam, endorsement, written only)	Current?	a) Has any license ever been suspended revoked or otherwise subject to disciplinary action?	b) Are there any disciplinary actions pending against you?
					YES NO	a) YES NO	If response "yes." Explain on a separate sheet.
					YES NO	a) YES NO	If response "yes." Explain on a separate sheet.

  

INTENDED BUSINESS ADDRESS	Upon issuance of license, how do you intend doing business and for whom?	
	[ ] SELF-EMPLOYED: dba (trade name) _____	[ ] EMPLOYEE OF: Name and Address c/o _____ of Employer: _____
	at (business location): _____ Phone: _____	Phone: _____

## AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes). I also certify that I have read and will abide by the provisions of Chapter 451A, Hawaii Revised Statutes, and Chapter 83, Hawaii Administrative Rules.

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Appl.....	275.....	\$30
Lic.....	277.....	\$30
CRF.....	279.....	\$55/110
1/2 Ren.....	270.....	\$50
Service Fee.....	BCF.....	\$15

## VERIFICATION OF LICENSE – HEARING AID DEALERS & FITTERS

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

State of Hawaii  
Hearing Aid Dealers & Fitters  
P. O. Box 3469  
Honolulu, HI 96801

**TO BE COMPLETED BY APPLICANT:**

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.	
	Address (Include apt. no., city, state and zip code)		Other Names Used	
			License Number	Date Issued
	I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Hearing Aid Dealer & Fitter Program.			
Date _____ SIGN HERE _____				

**TO BE COMPLETED BY LICENSING AGENCY:**

<b>LICENSING AGENCY</b>	This is to certify that the above-named individual was issued license number _____ to practice as a Hearing Aid Dealer.							
	Date issued: _____							
	Date license/certificate expires: _____							
	License status:	[   ]   current [   ]   lapsed since: _____ [   ]   inactive since: _____	Individual was licensed by:	[   ]   Examination _____ State Constructed _____ National [   ]   Endorsement [   ]   Waiver				
<p>Has this certificate ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?..... [   ] YES    [   ] NO <i>(Please explain yes response and attach copy of board's order and related information.)</i></p> <p>Do your files contain any derogatory information on this applicant?..... [   ] YES    [   ] NO <i>(Please explain yes response and attach copy of board's order and related information.)</i></p>								
<table style="width: 100%;"> <tr> <td style="width: 60%;">Signature: _____</td> <td rowspan="4" style="text-align: center; vertical-align: middle;"><b>BOARD SEAL</b></td> </tr> <tr><td>Title: _____</td></tr> <tr><td>State: _____</td></tr> <tr><td>Date: _____</td></tr> </table>				Signature: _____	<b>BOARD SEAL</b>	Title: _____	State: _____	Date: _____
Signature: _____	<b>BOARD SEAL</b>							
Title: _____								
State: _____								
Date: _____								
<b>TO THE APPLICANT:</b> <u><b>Attach</b></u> original with board's seal to your application form, <u>or</u> the licensing agency may send directly to the Department.								

THIS FORM MAY BE DUPLICATED.